FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13962** **(3)**

1. Corporation Name

SUNCOAST RESTAURANT GROUP, INC.

APPROVED AND FILED

95 MAY -1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6931 4TH STREET NORTH ST. PETERSBURG FL 33702	6931 4TH STREET NORTH ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: **11/19/1990**

3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite Apt # etc — 22:

Suite Apt # etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3040672** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GANNON, ALBERT W
6931 - 4TH STREET NORTH
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: STEPHEN SIMONE

82 Street Address (P.O. Box Number is Not Acceptable): 4061 - 13th LANE N.E.

83:

84 City: ST PETERSBURG FL 65 Zip Code: 33703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Stephen Simone (Stephen Simone) 4/26/95

(Typed or printed name of registered agent and title, if applicable) (If not Registered Agent, signature required after resolution) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE: P 02 NAME: GANNON, ALBERT W 03 STREET ADDRESS: 6931-4TH STREET NORTH 04 CITY, ST, ZIP: ST PETERSBURG FL	01 TITLE ☐ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP	05 TITLE ☐ Change ☐ Addition 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP	09 TITLE ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	13 TITLE ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	17 TITLE ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert E Gannon 4/26/95 1-813-522-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000748 CP